Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA **RATE** FEE RATE FEE BASIC FEE 355 OR (37 CFR 1.16(a)) TOTAL CLAIMS 5 x \$_9 25 minus 20 = 45 OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 1 0 0 = 0 OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 = 0 OR = 400 TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus = (37 CFR 1.16(c)) OR Independent Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING **NUMBER** PRESENT **RATE** TIONAL TIONAL RATE **AFTER AMENDMENT PREVIOUSLY EXTRA** FEF FEE **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) Minus = OR *** Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE HONAL AMENDMENT **AFTER EXTRA PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total = Minus \$ \$ (37 CFR 1/16(c)) OR Independent Minus = (37 CFR 1-16(b)) OR FIRST PRESENTATION OF MUTTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT FFF ADDIT, FFF ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

Under the Panerwork Reduction Act of 1995, no persons are required to respon

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, U.S. Patent and Frademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										THAN		
			(Column 1)		(Column 2)		_	TYPE		OR SMALL		
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR NUMBER FILE				FILED	NUMBI	ER EXTRA	ı	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 25 minus 20=				nus 20=	* 5			X\$ 9=	US	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*		Ī	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							ľ	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	(12)	OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL E	ENTITY	OR	OTHER SMALL I	
		(Column 1) CLAIMS		(Colu	mn 2) HEST	(Column 3)	Г	SWALL			SMALL	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
DME	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			+140=		OR	+280=	
							į	TOTAL			TOTAL ADDIT. FEE	
		(Calumn 1)		/Colu	ımn 2)	(Column 3)	, '	ADDIT. FEE	<u> </u>	1	ADDII. FEE	
NT B		CLAIMS REMAINING		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	1	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus ***		=			X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		J	+140=		OR	+280=	
							1	TOTAL		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colu	umn 2)	(Column 3)		ADDIT FEE		J	ADDIT FEE	· L
		CLAIMS		HIG	HEST	ST			ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18-	
MER	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NT CLAIN	1	ال			1					
	If the entry in coil	ımn 1 is jess than	the entry in co	olumn 2. wr	rite "0" in c	olumn 3.		+140= TOTAL		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	The "Highest Nur	mber Previously P	aid For" (Tota	or Indeper	ndent) is th	ne highest numb	er fo	und in the ap	opropriate b	ox in c	olumn 1.	

NOTICE OF FEE DUE

DATE: 01 15 62		7 0 c							
TO: 0176		60f							
FROM: Office of Initial Patent Examination									
SUBJECT: Fee Due		;							
APPLICATION NUMBER:	104 2017								
A fee is due for the attached documer Office for the following reason. Plea authorization to charge a deposit accordange the appropriate fee. If an authorization to deficiency.	se check the application ount. If an authorization	n for the appropriate n is present, please ?							
☐ Insufficient fee by check									
[X] Insufficient funds in deposit according	unt								
Declined credit card									
☐ Non authorization for charge to do	eposit account								
☐ No fee submitted per requirement	· *	•							
The correct fee code: 3	amount amount	\$							
Fee Due	amount	=\$ \(\forall \text{Pb} \)							
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.									
Terminal Operator									